

APPLICATION FOR PRELIMINARY OR SCHOOL PSYCHOLOGIST CERTIFICATE FOR CANDIDATES WHO COMPLETED REQUIREMENTS OUT-OF-STATE

NOTE: This form is to be used **ONLY** if the applicant completed a school psychologist program at an approved out-of-state university and holds a valid out-of-state school psychologist certificate. **DO NOT** use this form if the school psychologist program was completed at a Michigan university. Candidates who completed requirements for a school psychologist certificate at a Michigan university must apply directly to that Michigan university to be recommended for the school psychologist certificate.

REQUIREMENTS FOR THE PRELIMINARY AND SCHOOL PSYCHOLOGIST CERTIFICATES

Preliminary School Psychologist Certificate:

The preliminary school psychologist certificate is Michigan's initial school psychologist license. The application evaluation fee for the preliminary school psychologist certificate is \$175.00. To qualify for the preliminary school psychologist certificate, the applicant must:

1. Have completed a school psychologist program at an approved out-of-state university.
2. Hold a valid out-of-state school psychologist certificate.
3. Have never held a Michigan school psychologist certificate.

School Psychologist Certificate:

The school psychologist certificate is Michigan's advanced school psychologist license. The application evaluation fee for the school psychologist certificate is \$125.00. To qualify for the school psychologist certificate, the applicant must:

1. Hold a Michigan preliminary school psychologist certificate.
2. Have completed a school psychologist program at an approved out-of-state university.
3. Have completed one year of work experience under the supervision of a fully certified school psychologist since the Michigan preliminary school psychologist certificate was issued.

GENERAL INSTRUCTIONS:

- Complete all sections of the application form (see reverse side). **PLEASE PRINT OR TYPE.**
- If you are applying for the preliminary school psychologist certificate, enclose **OFFICIAL** transcripts from the university where you completed the school psychologist program.
- If you are applying for the preliminary school psychologist certificate, enclose a copy of your out-of-state school psychologist certificate.
- If you are applying for the school psychologist certificate, enclose a copy of your supervising school psychologist's certificate.
- If you are applying for the school psychologist certificate, your employing school district must complete the attached *Work Experience Report Form*, and it must be enclosed with your application form.
- Upon receipt of your application, you will be billed for the appropriate fee. **The fee is for the application evaluation process and is non-refundable. DO NOT SEND PAYMENT WITH THE APPLICATION FORM.**
- Your credentials will be evaluated after your completed application is submitted and the evaluation fee is paid.
- **Mail the completed application form, along with the required documentation, to the address indicated above.**

APPLICATION FOR PRELIMINARY OR SCHOOL PSYCHOLOGIST CERTIFICATE

(SEE REVERSE SIDE FOR INSTRUCTIONS)

APPLICANT INFORMATION

SOCIAL SECURITY NUMBER		DATE OF BIRTH		MONTH	DAY	YEAR	GENDER	
							<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
NAME	Last	First	Middle	Maiden			TELEPHONE NUMBER	
							()	
ADDRESS		Street		City		State	Zip Code	

RACIAL AND ETHNIC CATEGORIES

<input type="checkbox"/> <u>American Indian or Alaskan Native</u> (having origins in any of the original peoples of North America or maintaining cultural identification through tribal affiliation or community recognition)	<input type="checkbox"/> <u>Black, NOT of Hispanic origin</u> (having origins in any one of the black racial groups of Africa)	<input type="checkbox"/> <u>Hispanic</u> (a person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race)
<input type="checkbox"/> <u>White, NOT of Hispanic origin</u> (having origins in any of the original peoples of Europe, North Africa or the Middle East)	<input type="checkbox"/> <u>Asian or Pacific Islander</u> (having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa)	<input type="checkbox"/> <u>Multiracial</u> (a person of mixed racial-ethnic origins)

TYPE OF CERTIFICATE (See reverse side for requirements)

(CHECK ONE)	<input type="checkbox"/> Preliminary School Psychologist Certificate	<input type="checkbox"/> School Psychologist Certificate
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DEGREE INFORMATION

Type of Degree	Name of Degree Granting Institution	Year Degree Conferred
Bachelor's		
Master's		
Specialist's		
Ph.D./Ed.D.		
Other (specify)		

CERTIFICATION INFORMATION

Have you ever held a Michigan preliminary or school psychologist certificate? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>[attach copy if answer is yes]</i>	Type of Certificate:	Expiration Date
Do you hold a valid out-of-state school psychologist certificate? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>[attach copy if answer is yes]</i>	State that Issued Certificate:	Expiration Date

CONVICTION/REVOCAION INFORMATION (If you answer "yes" to any of the following questions, please provide a detailed description of the circumstances surrounding the conviction or action and attach copies of court documents, if applicable.)

Have you ever been convicted of (or pleaded no contest to) a misdemeanor or felony? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a teaching/school counselor/school psychologist certificate suspended or revoked? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently action pending against your teaching/school counselor/school psychologist certificate? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever surrendered a teaching/school counselor/school psychologist certificate? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S SIGNATURE _____ DATE _____

-DO NOT WRITE BELOW THIS LINE-

Institution _____ Degree _____ Date Issued _____

Type of Certificate _____ Fee Paid \$ _____ Expiration Date _____

Approved By _____ Date Approved _____

WORK EXPERIENCE REPORT FORM FOR SCHOOL PSYCHOLOGIST CERTIFICATE

Instructions: This form is for verification of work experience required for a school psychologist certificate. Please have the Superintendent or Chief Official of the employing school district complete this form.

Name of Employing School District:

Employing School District's Address:

This is to verify that _____
(last) (first) (middle) (maiden)
social security number _____/_____/_____ has completed one successful year of work
experience from _____ to _____ under the
(month) (day) (year) (month) (day) (year)
supervision of a fully certificated school psychologist.

(Supervising School Psychologist's signature)

(date)

(print or type name of Supervising School Psychologist)

(Superintendent or Chief Official's signature)

(date)

(print or type name of Superintendent or Chief Official)

(area code) (telephone number)

Enclose the completed Work Experience Report Form and a copy of the certificate of the fully certificated supervising school psychologist with your application for the school psychologist certificate.